



GRADUATE Transcript Request Form

Today's Date: ____/____/____

Full Name (at time of graduation): _____

Year of Graduation: _____

Date of Birth: _____

Phone: _____

Select one of the following options:

____ I will pick up my transcript at Lebanon High School in 2-3 days/

____ I would like my transcript mailed to:

Address: _____

City: _____ State: _____ Zip: _____

____ Please fax to (____) _____ - _____

Signature: _____

Please send this form, along with a \$3.00 processing fee (cash, check or money order payable to Lebanon High School) to:

Lebanon High School
Attn: Transcripts
1916 Drake Road
Lebanon, OH 45036

Phone: (513) 934-5106

Fax: (513) 228-1946